

See INSTRUCTIONS on reverse.

CENTER NAME: _____

Name of Adult in Care: _____

PART 1

Complete this PART if your household receives Food Stamps or you receive SSI or Medicaid benefits. Then skip to PART 3.

Food Stamp Case Number _____ or

SSI Case Number _____ or

Medicaid Case Number _____

PART 2a

Complete this PART only if you did not complete PART 1. List yourself, your spouse and any dependents that live with you. Then list all income received last month in your household.

NAME OF HOUSEHOLD MEMBERS	Gross Earnings (Before Deductions)		Monthly Welfare Payments, Child Support	Monthly Income From Pension, Retirement, Social Security	Any Other Monthly Income
	JOB #1	JOB #2			
1.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PART 2b

If PART 2a is completed, this application must provide the name and social security number of the adult who signs PART 3. If the adult does not have a social security number, print "none" in the space provided.

Name _____ Social Security Number

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PART 3

After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature _____ Date _____

FOR SPONSOR USE ONLY

Sponsor Number _____

Total Household Members _____ Total Income \$ _____

Free _____ Reduced _____ Paid _____

Signature of Determining Official _____ Date Determined ____ / ____ / ____

Section 9

Section 9 of the National School Lunch Act requires that, unless you provide a food stamp case number or SSI or Medicaid assistance identification number for the adult for whom benefits are sought, you must provide a social security number in order for the adult for whom benefits are sought to be eligible for free or reduced price meals. This will be the social security number of the adult who signs the application. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that adult signing the application has one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine current income, contacting a food stamp or welfare office to determine current certification for receipt of Food Stamps, contacting the issuing office of SSI or Medicaid benefits to determine current certification for receipt of these benefits, contacting the State Employment Security Office to determine the amount of received benefits and checking the documentation produced by household members to prove the amount of income received. These efforts may result in loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

Definition of Income

“Income” means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veterans' payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) any other cash income.

Definition of Household

Household means “family” as defined in Section 226.2. “Family” is defined as the adult participant and the spouse and dependent(s) of the adult participant, if residing with the adult participant.

INSTRUCTIONS FOR COMPLETING DOH-3834

Instructions for Applicants:

Write in the name of the center in the space provided.

Print the name of the adult who attends this center.

Part 1: If your household receives Food Stamps or you receive Medicaid or SSI, complete Part 1. Write down the Food Stamp, Medicaid or SSI number. Then complete Part 3 and return the application to the center.

Part 2 a: Complete this section if you did not complete Part 1. Write in your name and the names of your spouse and/or dependents if they are living in your household, even if they do not have any income.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income on the reverse side of the application. If any amount last month was more or less than the usual, write in that person's usual income.

Part 2b: If you completed Part 2a, the social security number of the adult signing the certification is required. If you do not have a social security number, write “none.”

Part 3: Sign and date the application and return it to the center.

Instruction for Centers and Sponsors

The “For Sponsor Use Only” section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The sponsor agreement number.

Total household members - This item does not have to be completed if the participant completed Part 1.

Total Income - This item does not need to be completed if the participant completed Part 1. Indicate the total monthly income as calculated from Part 2a. If the participant chooses not to disclose income, the application must be categorized as “paid.”

Free, Reduced or Paid - Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (DOH-3687) to determine if the household should be categorized as **Free**, **Reduced** or **Paid**. Use the appropriate column on the DOH-3687 to categorize their income. For example, if the participant indicated biweekly income, multiply this amount by 2.15 to determine monthly income, or by 26 to determine yearly income.

Incomplete applications (missing signatures, income information, social security numbers, Food Stamp, Medicaid or SSI numbers) are categorized in the paid category.

The sponsor/center representative who determines eligibility must sign and date the application.

The income eligibility application is only valid for one year from completion.